

MASTER PLUMBER

ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION 4815 WEST MARKHAM STREET, SLOT # 24 LITTLE ROCK, ARKANSAS 72205-3867 PHONE (501) 661-2642 • FAX (501) 661-2671

FOR OFFICE USE	
REC'D FORM	
BY	
EXAM 1	
EXAM 2	
EXAM 3	
LICENSE#	
ORG.DATE	

NAME		
Last	First	Middle
SOCIAL SECURITY	D.O.B	
The agency is required to obtain your Social Secu your Social Security Number will not be used by t	urity Number for the purpose of child support enforceme	ent. Except for its use in child support
HOME / CELL PHONE	WORK PHONE	
MAILING ADDRESS		
CITY	STATE	
ZIP CODE COUNT	YEMAIL	
COMPANY OR FIRM UNDER WHICH	I YOU WILL BE WORKING:	
NAME	LICENSE NUMBE	R
JOURNEYMANSHIP:		
Have you held a Journeyman Pl	umber License in Arkansas?	
YES NO		
LICENSE: (ATTACH PHOTOSTATIC CO	OPY OF LICENSE TO APPLICATION)	
Are you licensed in any city or s	tate?Date of Original License	
Street Address		
	Stat	 e
	Type of license	

WORK EXPERIENCE AND ADDITIONAL DOCUMENTATION:

- Application will not be considered for approval without submitting the required documentation that will support proof of experience.
- Documentation must accompany the application. DO NOT SEND SEPARATELY.

Documentation must be at least (5) years' experience in all phases of plumbing. This can be in the form
of records, affidavits, bona fide evidence from licensing agencies, or former employers who can attest to
the applicant's work background as a plumber. Current Arkansas Journeyman Plumbers need only
provide work history for the length of their Journeymanship. Out of State applications must include the
Verification of License Form or equivalate. (Form on ADH website)

• NOTE:

- ➤ A registered professional engineer with special expertise in plumbing engineering may provide educational history, documentation, and credentials for consideration by the Committee to obtain master licensing.
- > Special consideration may be given to active duty military service member stationed in the state of Arkansas; or a returning military veteran applying within one (1) year of his/her discharge from active duty; or the spouse of such person.

Can	ndidate Work History / Experience
Can	ndidates Background
Hav	ve you ever pled guilty or nolo contendere or been convicted of a crime? YES OR NO (If yes, provide the
date	e, the state and nature of the offence)
API	PLICANT SIGNATURE:
	The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.
	SUBSCRIBED AND SWORN TO BEFORE THISDAY
	OFYEAR
	SIGNATURE OF NOTARY
	SEAL
	STATE OF
	COUNTY OF